



Office of Statewide Health Planning and Development

Healthcare Workforce Development Division

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SITE VISIT REPORT
Downey Regional Medical Center
Report completed by: Melissa Omand

Date: May 20, 2009

Time: 9:30 a.m. – 1:00 p.m.

Location: Downey Regional Medical Center, Family Medicine Residency
11500 Brookshire Avenue
Downey, Ca 90241

Discussion: Dr. Natalie Nevins, Program Director of the Downey Family Medicine Residency Program completed the Site Visit Tool and provided comments to the staff. See staff comments provided in blue throughout document.

Staff also met with two residents and the Program Coordinator.

Site Tour: Song-Brown staff toured the Bell Garden Family Medical Center. The center provides a comprehensive range of health services including Pediatric, Adolescent, Women's and Men's health care. The Center also accepts numerous payor/programs (Medi-Cal, Medicare, HMO-Managed Care Plans, Family-PACT, etc.). All patients are screened for eligibility and program/payor placement.

All family practice residents are required to rotate through this clinic during their clinical training.

Findings: The Downey Regional Family Medicine Residency Program meets each of the minimum standards in Section II and III of the Site Visit Evaluation Review.

SONG-BROWN HEALTH CARE WORKFORCE TRAINING PROGRAM

Family Practice Residency Program Site Visit Evaluation Review

Training Program Information

Name of Training Program: Downey Regional Medical Center

Date of Site Visit: May 20, 2009 Site Visit Review Staff: Melissa Omand, Terrie Smith

Names and Titles of Persons Interviewed: Natalie Nevins, D.O./DME, Laura Sobieck, D.O./Resident, Keith Somsanith, D.O./Resident, Tiffany Mendoza/Coordinator, John Kotick/CEO FHCCGLA

Site visit questions relate to the Song-Brown Health Care Workforce Training Act Standards for Family Practice Residency Programs, established by the California Healthcare Workforce Policy Commission, pursuant to Health and Safety Code 128200. Each training program standard is presented in bold:

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- I. Each Family Practice Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce(hereinafter "the Act") shall, prior to the initiation of training and the transfer of State funds:**
 - A. Meet the American Medical Association's "ACGME program requirements for Graduate Medical Education in Family Practice", and**
 - B. Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and**
 - C. Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family practice as a major independent specialty, or**

For postgraduate osteopathic medical programs in family practice:

- A. Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above, and**
- B. Be accredited as an "Osteopathic Postdoctoral Training Institution" (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and**
- C. Meet C requirement above.**

The following questions relate to Section I of the Training Program Standards:

1. Has the residency program formally been approved by the Residency Review Committee on Family Practice [or, for Osteopathic Postdoctoral Training Institution programs, the equivalent body of the American Osteopathic Association]?

Yes ☒ No ☐

If yes, Full ☒ Probationary ☐

Year that the next accreditation site visit is expected: July 26, 2011

Concerns: Residency FP Clinic – [Staff Comments: This concern should clear up once Downey Regional's Family Care/Urgent Care Clinic is in operation.](#)

Additional comments relating to compliance with Section I of the Standards (optional):

II. Each Family Practice Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.

The following questions relate to Section II of the Training Program Standards:

1. Does the program include a component of training in medically underserved multi-cultural communities, lower socioeconomic areas, or rural communities that is organized to prepare family physicians for service in such neighborhoods and communities? (Minimum standard requires that 15% of clinical training must be completed in areas of unmet need)

Yes ☒ No ☐ If no, provide comments: _____

2. Describe the location of the residency program's principal family health center by completing the information below. DRMC does not have a free standing residency run FP clinic. Currently residents train in FP community clinics, many of which are with attending Physicians that are graduates of our training program. The anticipated Song-Brown funds are to be used toward the creation of an indigent care/residency run FP clinic. See attached for a list of community clinic sites.

FHC Address s	Medically Underserve d Multi- cultural Community	Lower Socio- Economi c Area	Rura l Area	None of the Abov e	Length of Rotation		
					PG -1	PG -2	PG -3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

3. Are all of the residency program's residents required to spend part of their three years in patient care in that location?

Yes ☐ No ☐ N/A –See answer #2 above for clarification.

Did the site review include a visit to the (A) principal family health center?

Yes ☒ No ☐ Family Health Care Centers of Greater Los Angeles (FHCCGLA)

List components of training (other than the family health center) required of all residents that meet the intent of Section II of the Training Program Standard:

Training Site Name/Locati on	Medically Underserv ed Multi- cultural Communit y	Lower Socio- Economi c Area	Rur al Are a	Non e of the Abov e	Length of Rotation		
					PG-1	PG-2	PG-3
FHCCGLA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4wks		
Long Beach Millers Children's Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4wks	4wks	
Catalina Island Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			4wk

4. Describe the location of the residency program's training component (other than its principal family health center):

Name of Training Site	Site Designation*					
	Other CHC	Rural Health Clinic	School Based Clinic	Other	FQHC or Look-Alike	Government Owned or Operated Facility
Catalina Island	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FHCCGLA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional comments relating to compliance with Section II of the Standards

(optional): _____

III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the California Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:

- A. An established procedure to identify, recruit and match family practice residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.

Yes ☒ No ☐

- B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.

Yes ☐ No ☒ *Staff Comments: The Program Director states they have nothing in writing outlining their counseling and placement program however, faculty is consistently talking with residents about their future practice plans and encouraging them to work with the underserved.*

- C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

Yes ☒ No ☐

The following questions relate to Section III of the Training Program Standards:

1. Does the program have an established procedure to identify, recruit and match family practice residents who possess the following characteristics?
 - a) A predisposition to practice in areas of need? Yes ☒ No ☐
 - b) Who express a commitment to serve in areas of need? Yes ☒ No ☐
2. Check all applicable categories that describe the established procedure referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 4 of 9 categories)

- (a) Mission statement speaks to graduate deployment Yes ☒ No ☐ We are a Non-Profit Hospital
- (b) Website emphasizes underserved areas, populations Yes ☐ No ☒
- (c) Promotion of mission in interviews of residency applicants Yes ☒ No ☐
- (d) Does the programs underserved goals affect the ranking of residents Yes ☒ No ☐

If yes, how? Applicants to our program are weighted for selection on many factors including the applicants desire to care for the underserved. We look for residents with practice goals that match our program philosophy.

- (e) Special emphasis on recruiting residents from areas of unmet need Yes ☒ No ☐
- (f) Developing core faculty with experience in underserved practices Yes ☒ No ☐
- (g) Utilizing community physicians from underserved areas Yes ☒ No ☐
- (h) Offering preceptorships, clerkships to medical, pre-med students Yes ☒ No ☐

If yes, please describe: In answer to question (h) we offer 20-30 rotation slots at DRMC and with our faculty in the community for medical students. We assist the placement of pre-medical students with attending Physicians to get a medical office experience before their medical school interviews.

- (i) Formally promoting medical careers in high schools, colleges Yes ☐ No ☒

If yes, please describe. Staff Comments: While the Program Director indicated no on question (i) the program is involved with the Coalition for a Healthier Bell Gardens, provides Pop Warner football physicals, and participates in Health Fairs on a community outreach level.

3. Does the program have an established counseling and placement program designed to encourage training program graduates to enter practice in areas of need?

Yes ☒ No ☐

If yes, please describe: We have an informal program of assisting our graduates with placement after graduation. Many of our graduates have joined the practices of their community clinic sites.

4. Check all applicable categories that describe the established counseling and placement program referenced in Section III of the Training Program Standards (above): (Minimum standard is to meet 1 of 4 categories)

a) Faculty advisors/hospital management promote practice opportunities

Yes ☒ No ☐

b) Coordination with NHSC federal/state loan repayment programs

Yes ☐ No ☒

c) Coordination with community physicians in recruiting residents

Yes ☒ No ☐

d) A program for the placement of family physicians in underserved areas in addition to the Practice Management Course

Yes ☐ No ☒

Additional comments relating to compliance with Section III of the Standards (optional):

Song-Brown Program questions:

1. What year was the residency started? The stand alone internship began at Rio Hondo Hospital in 1957. DRMC combined with Rio Hondo in 1989 and the FP program began in 1991

2. How long has the program been receiving Song-Brown funds? The last funding cycle expired 2004-2005

a) What year did the program first apply? Last application 2001-2002

b) Has the program consistently applied for funding each year?

Yes ☐ No ☒

If no, explain: In 2004 our DME was told that our program was not eligible.

3. Are program graduates made aware that they can contribute to the Song-Brown Program at the time of license renewal?

No – *Staff Comments: Osteopathic Physicians are licensed through the Osteopathic Medical Board of California; at this time there is no mechanism to contribute to Song-Brown.*

4. Explain how the program maintains contact with its graduates to obtain information about their practices. Include what information is gathered and how it is used.

At the time of graduation the program compiles a list of all the new practice locations for our graduates. Via email we are able to keep up with our graduates to do post training polls. We also encourage our graduates who remain in the local area to become preceptors for the training program for medical students and residents, as well as return to lecture.

5. How has your program benefited from receiving Song-Brown funds?

Previous funds allowed the program to expand its residency numbers. The pending funds will assist in the creation of our new indigent care FP/Urgent care clinic.

The following are general questions relating to the administration of the Song-Brown program:

1. Do you have any concerns about any of the following processes established for the administration of the Song-Brown Act? If yes, please describe.

- | | |
|--|---|
| a) The applications for Song-Brown funds: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| b) The oral presentations to the Commission: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c) The contract process: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d) The invoice process: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

2. Is there any information about the residency program not covered by the above questions that should be noted or included with this site visit report?

DRMC is a non-profit hospital. It has partnered with Amrit Davaa World Health (ADWH), a non-profit for humanitarian aid to create the new FP clinic. ADWH has experience working with diverse underserved populations in Los Angeles, India and Mexico. Attendings (many from our program), residents, medical students, nursing students and Pharm-D students have the opportunity to travel with ADWH and care for patients side by side.

The new clinic has support from the Real Medicine Foundation, Giving Children Hope, South Los Angeles Health Projects (WIC program) and Lung Power to name a few. The clinic will be partnering with many of the colleges Western University; Dental, Graduate Nursing, Optometry, Podiatry and Allied Health (PA program). The clinic will be a team teaching site to offer our underinsured and uninsured population a complete medical home.